
The President's Letter

Dr. Christopher J.(Chip) Doig



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Dear Member:

Many of you have heard about the initiative by the University of Alberta Faculty of Medicine and Dentistry and the University of Calgary Faculty of Medicine to develop a provincial, faculty-wide academic alternate relationship plan (AARP).

The proposal results, in part, from both Alberta Health Services (AHS) and Alberta Health and Wellness (AHW) wanting a greater degree of standardization in AARPs and faculty concern over declining access to AARPs in recent years by new department applicants.

The Alberta Medical Association (AMA) is supporting the two faculties in their request to AHW and Alberta Advanced Education and Technology for funding to support the development of a proposal.

Communication between both faculties and the AMA has been excellent. Last Friday, for example, both deans, Dr. Philip Baker (Alberta) and Dr. Thomas Feasby (Calgary), met with the AMA Board of Directors.

Continuance of funding

Continuance of funding, not only for existing AARPs but also all other alternate relationship plans (ARPs), is imperative. (Fee-for-service is not subject to the same uncertainty.) The AMA has written AHW to stress the need to fund both existing AARPs and ARPs beyond the March 31, 2011 expiration date of the current eight-year trilateral master agreement.

Current AARPs

Current AARPs involve only certain departments in each faculty, and the details of each are generally independent. The common element is that each AARP funds physician remuneration for clinical, teaching, research and leadership components for full-time faculty within the given department.

- Funding for the clinical component comes from the Physician Services Budget within the trilateral master agreement between AMA, AHW and AHS.
- Funding for the teaching, research and leadership components comes from various sources including AHW, AHS, the university and others.

Academic physicians in departments that do not have an AARP usually bill fee-for-service for their clinical services, but are remunerated from other sources for their non-clinical work.

The process to establish existing AARPs ensured that physicians who were directly impacted were:

- Engaged in the AARP discussions and decision-making
- Provided with a clear understanding of the terms and conditions of the AARP so that they could make an informed decision regarding their individual participation
- Had a process for determining whether or not the physicians would participate

The AMA will emphasize the challenge and the necessity that this same process and understanding remain as the discussions evolve for a faculty-wide AARP.

AMA leadership

A key concern is that a number of ARP principles, which the AMA has enunciated since the initial days of ARP development, must continue to apply. For example, physician involvement in an ARP must be voluntary and the terms and conditions for doing so must be clearly understood.

Other ARP principles promoted by the AMA include:

- Provisions for clinical independence
- Fairness and equity on remuneration, including increases for clinical services tied to generally negotiated fee increases, as well as access to AMA benefit programs
- Requirement for AMA representation

The current trilateral master agreement has a process for reviewing ARPs; it requires the AMA, AHW and AHS to jointly approve any new ARP. This process enables the AMA to insist on the principles above as a condition of approval of all ARPs including AARPs.

The master agreement also serves as an umbrella over most physician compensation in Alberta. The Physician Services Budget has funding for both fee-for-service and ARPs, including the clinical component of AARPs.

The Physician Services Budget allows for a wide range of payment options for physicians, and it is important this continue into the future.

In the upcoming Negotiations 2011, the Alberta Medical Association will support an agreement with a single Physician Services Budget that incorporates all clinical payments to physicians, but with different options, including AARPs, for physicians to suit their specific circumstances.

In summary, the specific details of a provincial, faculty-wide AARP need to be determined. The AMA will continue to emphasize physicians' involvement in decision-making as well as the principles previously identified.

The Alberta Medical Association is prepared to continue working with the two faculties, and I will update you with new information as it becomes available.

Yours truly,

Christopher J. (Chip) Doig, MD, MSc, FRCPC
President